Use of Nursing Informatics Tools to Improve Communication of Patient Preferences in a Health System

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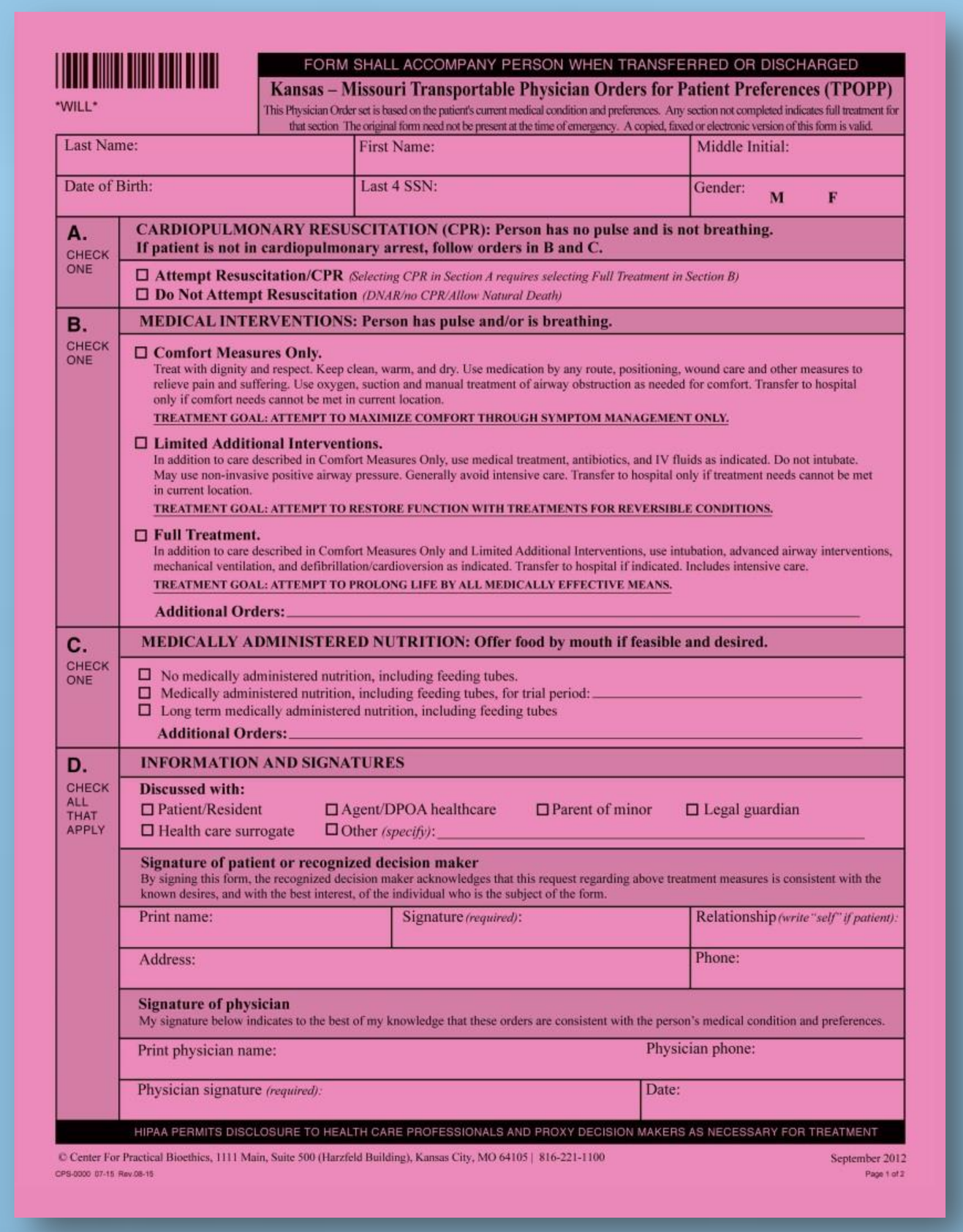
1 Purpose

A lack of transparency between inpatient and ambulatory documentation was identified within our EMR, as well as gaps in training/education for having and documenting goals of care and code status conversations with patients. The first purpose of our work was to create informatics tools to improve how we understand and document patient preferences for treatment in our EMR. Our second purpose was to prepare our institution for implementation of Transportable Physician Orders for Patient Preferences (TPOPP), the Physicians Orders for Life Sustaining Treatment (POLST) paradigm for Kansas and Missouri. For more information, visit POLST.org.

2 Background

Our institutional work is in partnership with the Institute for Healthcare Improvement's Conversation Ready Project, helping institutions to better elicit, understand patient preferences for treatment, and make those preferences "as transparent as the allergies" in the medical record. As such, providers can better honor those preferences at the point of care when they are needed. When patients and their families communicate about the kind of care they want, it is the system's duty to understand them and have systems to support them. Beyond the scope of one single institution, some patients facing serious illness wish their preferences for treatment to move with them across the continuum of care, translated into medical orders that can be honored by providers across the community spectrum.

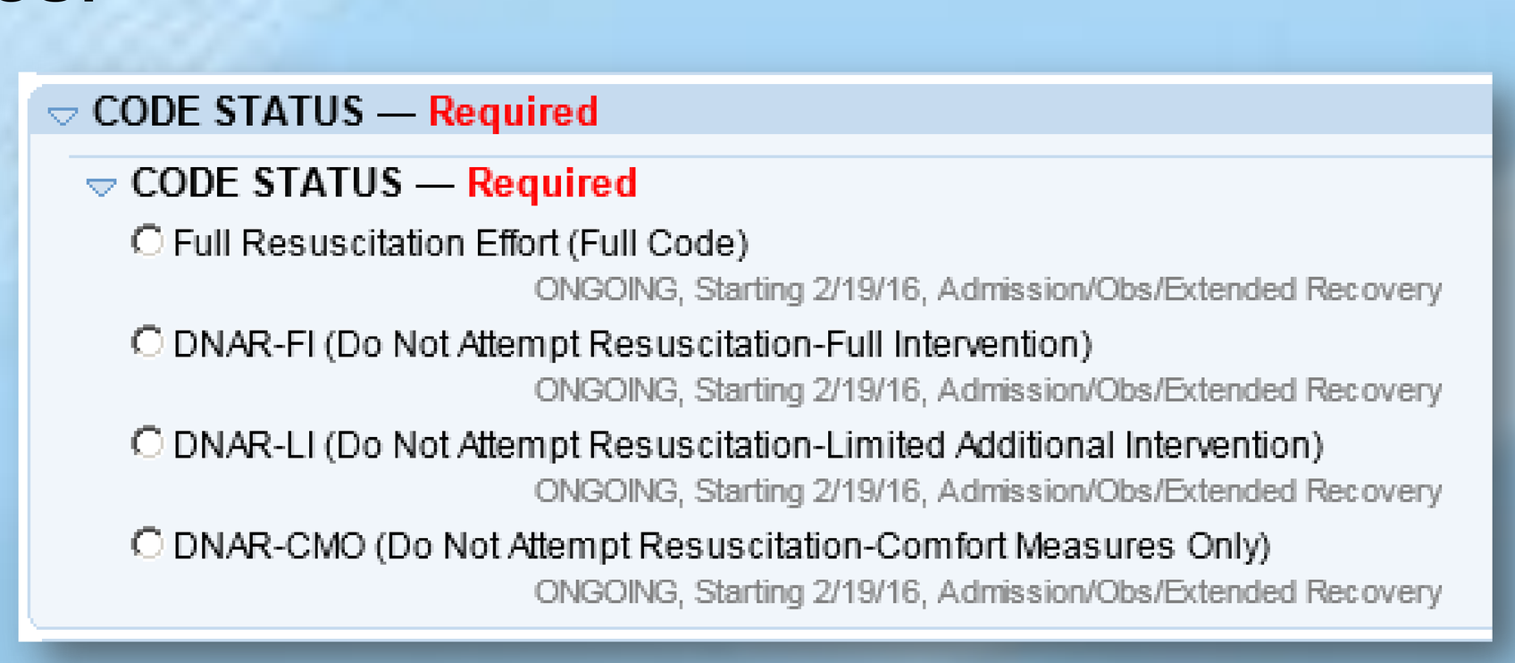


Transportable Physician Orders for Patient Preferences (TPOPP) Form

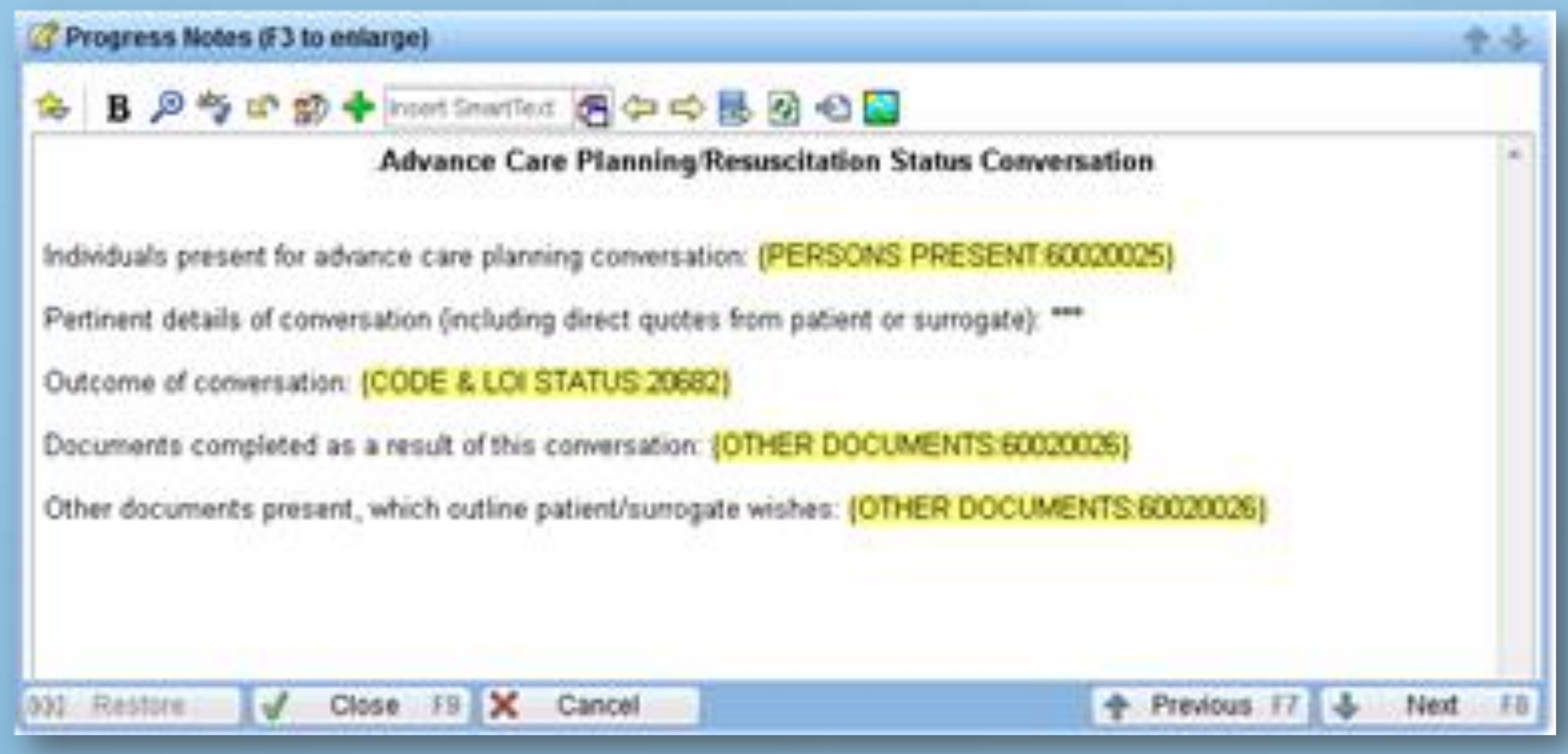
Transportable Physician Orders for Patient Preferences (TPOPP) is one of more than 40 POLST paradigm programs nationwide which aim to tie together communities of care for patients facing serious illness, to improve the congruence between the patient's treatment preferences and the care delivered as the patient's illness progresses over time. TPOPP is implementing across the states of Kansas and Missouri. Our institution hopes to lead the way in development of tools and processes for its successful implementation.

3 Methods

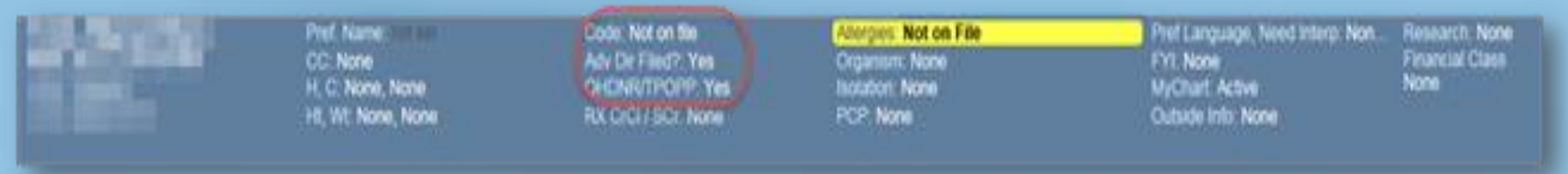
A task force was created encompassing Palliative Care, Education & Development, Corporate Communications and Informatics to design the system to support optimal practice and processes for advance care planning based on goals of care. The task force developed communication/education tools for clinicians and patients on advance care planning and designed universal documentation tools within the EMR, applicable across the entire spectrum of our enterprise. New inpatient code status and level of intervention orders were created, modelled after the TPOPP form to facilitate transitions of care. An enterprise-wide note type and documentation template were developed to encourage documentation in both the ambulatory and inpatient settings. To make details of the conversation apparent to all clinicians caring for the patient, the patient header was updated to easily show if a TPOPP form had been completed on a patient. Links in the header were created to open a report showing the code status order and history, links to PDFs of scanned documents, all advance care planning note type notes filed in reverse chronologic order, and other important documentation around patient preferences.



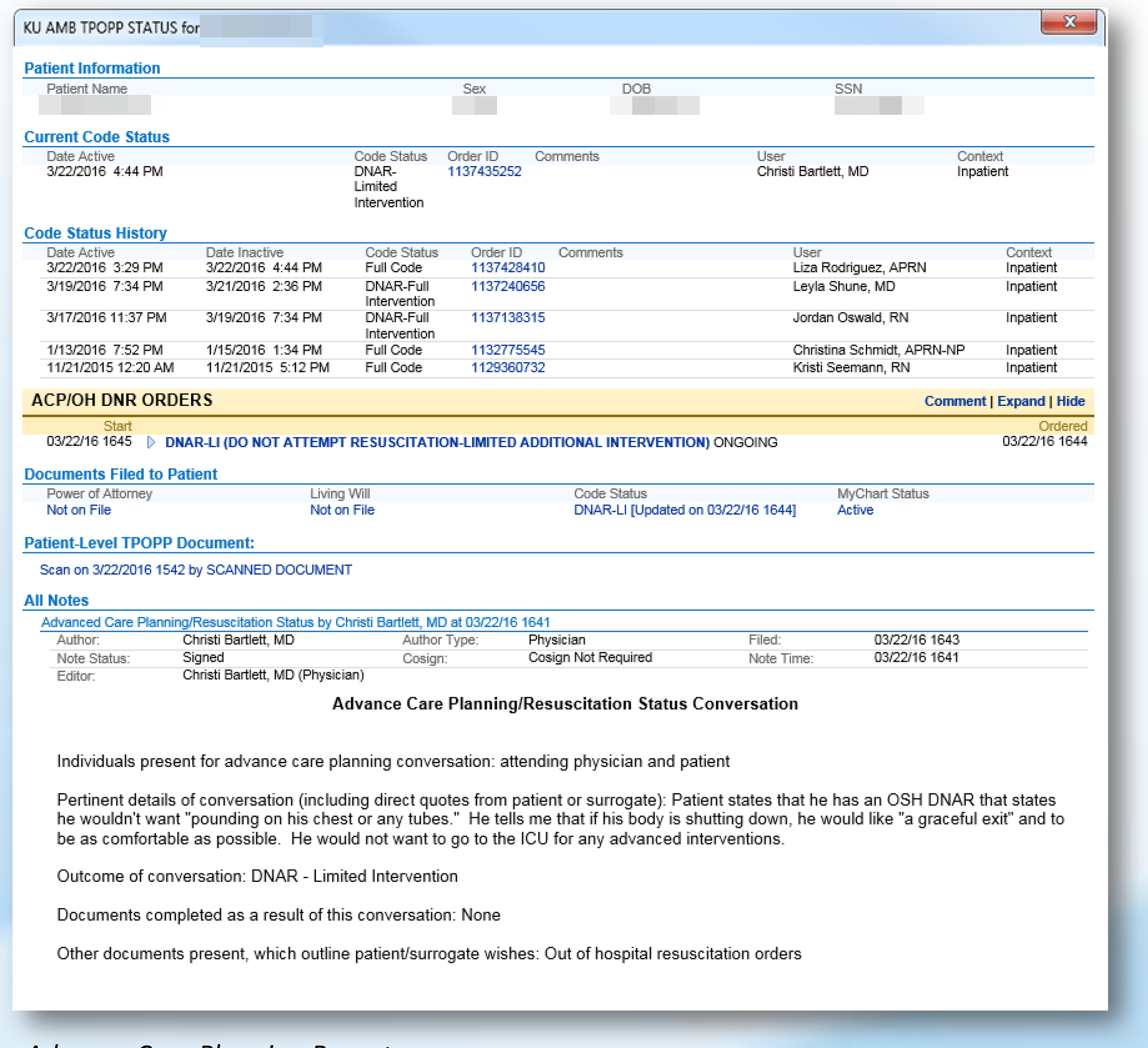
Code Status Orders



Advance Care Planning/Resuscitation Status Conversation note



Patient Header



Advance Care Planning Report

4 Outcomes

1. 85% (5167/6111) completion rate on the eLearning module among all clinicians
2. Pertinent documents can now be found 2 clicks from the header rather than 4.
3. Implementation of the EMR tools, and the workflow processes around them, has increased awareness of Goals of Care in treatment planning and has opened up dialogue amongst care providers for a more specific understanding of patient preferences. This change in practice improves our patient centeredness when dealing with some of the most important decisions patients and families must make as they deal with serious illness.

5 Next Steps

- Chart audit to test comparable access of access to documentation
- Employee survey to understand clinician perspective on changes

6 References

1. theconversationproject.org
2. polst.org
3. practicalbioethics.org

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